190 East Capitol Street Suite 550 Jackson, MS 39201



Phone: (601) 965-4459 Fax: (601) 965-4919

**U.S. Senator Cindy Hyde-Smith** 

## PRIVACY RELEASE FORM OFFICE OF PERSONNEL MANAGEMENT

Title: Mr Mrs	_ Ms Miss Dr(	Other (Please spec	ify)
Full Name:			
Address:			
City:	State:	Zip:	County:
Home Phone:	······································	_ Cell Phone:	
CSA/CSF#:	Social Security Number:		
Email Address:			
1. Please give a brief	description of your issue	e(s):	
releasing any informa written permission.	tion or discussing anythi	ng regarding anothge authorizes me,	vernment agencies are prohibited from ner individual without that individual's as your Senator, to contact the proper information.
Date:	Signature:		